

2034

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Graham State Arizona District or Township _____ or Village _____
City Safford No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME

Theresa Espinoza
(a) Residence, No. 507 St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE Mexican 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

5a. If married, widowed, or divorced
HUSBAND of Wenceslas Espinoza
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 15, 1897

7. AGE Years 33 Months 8 Days 23 IF LESS than _____ day _____ or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Navolato Mex
(State or country)

10. NAME OF FATHER Jesus Garcon

11. BIRTHPLACE OF FATHER _____ (city or town)
(State or country) Mex

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER _____ (city or town)
(State or country)

14. Informant Wenceslas Espinoza
(Address) Safford

15. Filed 5/8/1930 J. H. Shatto Registrar.
By O. H. King

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr. 8 1930
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1930 to Apr. 8, 1930,
that I last saw him alive on Apr. 8, 1930,
and that death occurred, on the date stated above, at 2:25 P.M.
The CAUSE OF DEATH* was as follows:

Carcinoma of
uterus

Probably 1 yrs. mos. ds. (duration)

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18. Where was disease contracted at place of death
If not at place of death? _____

Did an operation precede death? No (Date of _____)

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) J. H. Langdon, M. D. 1930 (Address) Safford

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).

19. PLACE OF BURIAL, CREMATION OR REMOVAL _____ DATE OF BURIAL 5/19/30

20. UNDERTAKER W. Espinoza ADDRESS Safford